

## IN THE CLAIMS

1. (Currently Amended) A method of managing the use of a medical insurance plan by members thereof, the method comprising:

loading member application forms in a computer system managed by an insurance provider, wherein a default setting associated with the medical insurance plan is for all members to be opted-in to receive rewards based on accumulated credit values exceeding predetermined values;

receiving, at the computer system managed by [[an]] the insurance provider, one of a premium payment and a contribution payment from members of the medical insurance plan, wherein the insurance provider undertakes liability in the medical insurance plan in response to receiving one of the premium payment and the contribution payment;

providing at least one of

relevant health services and

assistance in defraying expenses incurred in connection with

rendering such relevant health services,

by the computer system managed by the insurance provider[[,]] to members who pay at least one of pay such the premium[[s]] payment and make such the contribution[[s]] payment, ~~at least one of~~

~~relevant health services, and~~

~~assistance in defraying expenses incurred in connection with~~

~~rendering such relevant health services;~~

defining, by the computer system managed by the insurance provider, at least one of a plurality of health-related facilities and a plurality of health-related services to be associated with the medical insurance plan;

offering, by the computer system managed by the insurance provider, the at least one of a plurality of health-related facilities and a plurality of health-related services to members of the medical insurance plan;

monitoring, by the computer system managed by the insurance provider, usage of the at least one of a plurality of health-related facilities and a plurality of health-related services by each member;

allocating, by the computer system managed by the insurance provider in response to the monitoring, a credit value to each member according to their use of the at least one of a plurality of health-related facilities and a plurality of health-related services; and

allocating, by the computer system managed by the insurance provider, rewards to members who accumulate credit values exceeding predetermined values.

2. (Currently Amended) The method according to claim 1, wherein the at least one of a plurality of health-related facilities and a plurality of health-related services includes at least one of the group consisting of:

- membership of health clubs,
- membership of gymnasiums,
- membership of fitness programs,
- weight loss programs, and
- programs to quit smoking.

3. (Currently Amended) The method according to claim 2, wherein the at least one of a plurality of health-related facilities and a plurality of health-related services further includes predetermined preventive medical procedures.

4. (Currently Amended) The method according to claim 2, wherein the at least one of a plurality of health-related facilities and a plurality of health-related services further includes a medical advice service.

5. (Currently Amended) The method according to claim 2, wherein the at least one of a plurality of health-related facilities and a plurality of health-related services further includes predetermined procedures.

6. (Currently Amended) The method according to claim 5, wherein the predetermined procedures include at least one of the group consisting of
- advance pre-authorization of hospitalization,
  - advance pre-authorization of treatment,
  - registration for electronic funds transfer, and
  - compliance with preferred procedures.
7. (Currently Amended) The method according to claim 1, wherein a reward allocated to a member is at least one of linked to a number of annual claims associated with the member and whether or not the member has been hospitalized in a predetermined period of time.
8. (Currently Amended) The method according to claim 7, wherein the reward allocated to the member includes at least one of the group consisting of:
- prizes allocated on a basis of a draw,
  - a magnitude of a member's credit value being related to a chance of winning the draw,
  - access to at least one of health-related facilities and health-related services for family members,
  - decreased premium payments according to a predetermined plan, and
  - increased benefit payments according to a predetermined plan.
9. (Currently Amended) The method according to claim 1, wherein a reward allocated to a member is not actually given to the member before at least one of a predetermined period has passed or the member has attained a predetermined age.

10. (Currently Amended) The method according to claim 9, wherein the reward allocated is forfeited by the member if they are not still a member of the medical insurance plan after the predetermined period has passed or after the member has attained such predetermined age.

11. (Canceled)

12. (Currently Amended) The method according to claim 3, wherein the preventive medical procedures include vaccinations.

13. (Canceled)

14. (Currently Amended) The method according to claim 1, further comprises:

the insurance provider offering the at least one of a plurality of health-related facilities and a plurality of health-related services in conjunction with third party service providers that provide at least one of health related facilities and health-related services in the at least one of a plurality of health-related facilities and a plurality of health-related services offered by the insurance provider; and

monitoring usage of the at least one of health-related facilities and health-related services provided by the third party service providers by members by receiving information from the third party service providers detailing the usage of the at least one of health-related facilities and health-related services by the members.

15. (Currently Amended) The method according to claim 14, wherein the members only pay a once off activation fee to gain access to the at least one of a plurality of health-related facilities and a plurality of health-related services.

16. (Previously Presented) The method of claim 1, further comprising:

providing, by the insurance provider, one of a full payment and a partial payment to one of a health-related facility and a health-related service in the at least one of a plurality of health-related facilities and a plurality of health-related services that has been used by a member of the medical insurance plan, wherein the one of a full payment and a partial payment is on behalf of the member.

17. (Previously Presented) The method of claim 1, further comprising:

providing, by the insurance provider, discounted usage fees to the members for the at least one of a plurality of health-related facilities and a plurality of health-related services.

18 (New) A method of managing the use of a medical insurance plan by members thereof, the method comprising:

- loading member application forms in a computer system managed by an insurance provider;

- receiving, at the computer system managed by the insurance provider, one of a premium payment and a contribution payment from members of the medical insurance plan, wherein the insurance provider undertakes liability in the medical insurance plan in response to receiving one of the premium payment and the contribution payment;

- providing at least one of

  - relevant health services and

  - assistance in defraying expenses incurred in connection with

  - rendering such relevant health services,

- by the computer system managed by the insurance provider to members who pay at least one of the premium payment and the contribution payment;

- defining, by the computer system managed by the insurance provider, at least one of a plurality of health-related facilities and a plurality of health-related services to be associated with the medical insurance plan;

- offering, by the computer system managed by the insurance provider, the at least one of a plurality of health-related facilities and a plurality of health-related services to members of the medical insurance plan;

- monitoring, by the computer system managed by the insurance provider, usage of the at least one of a plurality of health-related facilities and a plurality of health-related services by each member;

- allocating, by the computer system managed by the insurance provider in response to the monitoring, a credit value to each member according to their use of the at least one of a plurality of health-related facilities and a plurality of health-related services; and

allocating, by the computer system managed by the insurance provider, rewards to members who accumulate credit values exceeding predetermined values.

19. (New) The method according to claim 18, wherein a default setting associated with the medical insurance plan is for all members to be opted-in to receive rewards based on accumulated credit values exceeding predetermined values.